



Docket No. 346392001500

### DECLARATION FOR UTILITY PATENT APPLICATION

AS BELOW-NAMED INVENTORS, WE HEREBY DECLARE THAT:

Our residences, post office addresses, and citizenship are as stated below next to our names.

We believe we are the original, first and joint inventors of the subject matter which claimed and for which a patent is sought on the invention entitled: COMPOSITIONS AND METHODS FOR THE PREVENTION AND TREATMENT OF TISSUE ISCHEMIA, the specification of which is attached hereto unless the following box is checked:

was filed on December 14, 2001 as United States Application Serial No. 10/017,717.

WE HEREBY STATE THAT WE HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE.

We acknowledge the duty to disclose information which is material to the patentability as defined in 37 C.F.R. § 1.56.

We hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Application for the state	Gomice/	Date of Fuling (day/monin/year)	Pijoniy	eilaineates
	Arterial allegated the date of the second		□Yes	□No

We hereby claim benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Andiolitical String Notes	filling Date 2
60/256,269	December 15, 2000
60/296,581	June 6, 2001
60/296,580	June 6, 2001
60/343,575	October 19, 2001

We hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of

35 U.S.C. § 112, we acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which the available between the filing date of the prior application and the national or PCT International filing date of this application.

Application Serial No.	Filing Date	Status			900/
		□Patented	□Pending	□Abandoned	906

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

issued diercon.		
2/1do2		$S_{-}$
Date	Name:	Guy Michael MILLER
24.0	Residence:	130 E. San Fernando Street, PH-12, San Jose, California 95112
	Citizenship:	United States of America
	Post Office Address:	130 E. San Fernando Street, PH-12, San Jose, California 95112
9-15-02		In RUN
0 10 00.	)	Lesley A. BROWN
Date	Name:	760 N. 7th Street, #2204, San Jose, California 95112
	Residence:	United Kingdom
	Citizenship: Post Office Address:	760 N. 7th Street, #2204, San Jose, California 95112
	Post Office Address:	760 N. 7di Street, 42204, Sair Jose, Camolina 99112
2-15-02		lilled falls
Date	Name:	Ughera DEL BALZO
	Residence:	15720 La Tierra Drive, Morgan Hill, California 95037
	Citizenship:	Italy
	Post Office Address:	15720 La Tierra Drive, Morgan Hill, California 95037
		1-
2-15-02		Starte
Date	Name:	Stephen FLAIM
	Residence:	4455 Foxhollow Court, San Diego, California 92130
•	Citizenship:	United States of America
	Post Office Address:	4455 Foxhollow Court, San Diego, California 92130
2/18/02		Asselly.
Date	Name:	Sekhar BODDUPALEI
	Residence:	6237 Cahalan Avenue, San Jose, California 95123
	Citizenship:	India
	Post Office Address:	6237 Cahalan Avenue, San Jose, California 95123
2/15/02	Sin	ylling
Date	Name:	Bing WANG
	Residence:	10042 Byrne Avenue, Cupertino, California 95014
	Citizenship:	United States of America
	Post Office Address:	10042 Byrne Avenue, Cupertino, California 95014





PTO/SB/96 (08-00)

Approved for us through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 3	97 CFR 3.73(b)
Applicant/Patent Owner: Guy M. MILLER et al. Application No./Patent No.: 10/017,717 F Entitled: COMPOSITIONS AND METHODS FOR THE PRE ISCHEMIA Galileo Laboratories, Inc., a (Name of Assignee) (Type of Assignee)	Filed/Issue Date: December 14, 2001 VENTION AND TREATMENT OF TISSUE  corporation  nee, e.g., corporation, partnership, university, government agency 2000
(Name of Assignee) (Type of Assign	nee, e.g., corporation, partnership, university, government agency
states that it is:	8
1. X the assignee of the entire right, title, and interest; or	
2. an assignee of less than the entire right, title and interest The extent (by, percentage) of its ownership interest is	st. %
in the patent application/patent identified above by virtue of eit	her:
A. [X]An assignment from the inventor(s) of the patent applica recorded in the United States Patent and Trademark Off copy thereof is attached.	tion/patent identified above. The assignment was ice at Reel, Frame, or for which a
OR	
B. [ ]A chain of title from the inventor(s), of the patent applica as shown below:	·
The document was recorded in the United States Parel, Frame, or for which is a second of the United States Parel, Frame, or for which is a second of the United States Parel, or for which is a second of the United States Parel, or for which is a second of the United States Parel, or for which is a second of the United States Parel, or for which is a second of the United States Parel, or for which is a second of the United States Parel, or for which is a second of the United States Parel, or for which is a second of the United States Parel, or for which is a second of the United States Parel, or for which is a second of the United States Parel	atent and Trademark Office at h
2. From:To:	
The document was recorded in the United States Pa	atent and Trademark Office at the a copy thereof is attached.
3. From:To:	About and Trademody Office of
The document was recorded in the United States Portion Reel, Frame, or for which	th a copy thereof is attached.
[ ] Additional documents in the chain of title are listed of	n a supplemental sheet.
[ ] Copies of assignments or other documents in the chain of <a href="MOTE">[NOTE</a> : A separate copy (i.e., the original assignment documents be submitted to Assignment Division in accordance with 3 the records of the USPTO. <a href="Motoput See">See</a> MPEP 302.08]	ument or a true copy of the original document) must
The undersigned (whose title is supplied below) is authorized	<b>~</b> /
2/15/02	Gur Mina
<b>D</b> ate	Name
-	Signature
	C.F.O
-	Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Attorney Docket No.: 346392001500



#### ASSIGNMENT JOINT



THIS ASSIGNMENT, by Guy Michael MILLER; Lesley A. BROWN; Ughetta DEL BALZO; Stephen FLAIM; Sekhar BODDUPALLI and Bing WANG (hereinafter referred to as the assignors), residing at 130 E. San Fernando Street, PH-12, San Jose, California 95112; 760 N. 7th Street, #2204, San Jose, California 95112; 15720 La Tierra Drive, Morgan Hill, California 95037; 4455 Foxhollow Court, San Diego, California 92130; 6237 Cahalan Avenue, San Jose, California 95123 and 10042 Byrne Avenue, Cupertino, California 95014, respectively, witnesseth:

WHEREAS, said assignors have invented certain new and useful improvements in COMPOSITIONS AND METHODS FOR THE PREVENTION AND TREATMENT OF TISSUE ISCHEMIA, set forth in an application for Letters Patent of the United States, having an oath or declaration executed on even date herewith; bearing Serial No. 10/017,717 and filed on December 14, 2001; and

WHEREAS, Galileo Laboratories, Inc., a corporation duly organized under and pursuant to the laws of California and having its principal place of business at 5301 Patrick Henry Drive, Santa Clara, California 95054 is desirous of acquiring the entire right, title and interest in and to said inventions and said application for Letters Patent of the United States, and in and to any Letters Patent or Patents, United States or foreign, to be obtained therefor and thereon:

NOW, THEREFORE, in consideration of One Dollar (\$1.00) and other good and sufficient consideration, the receipt of which is hereby acknowledged, said assignors have sold, assigned, transferred and set over, and by these presents do sell, assign, transfer and set over, unto said assignee, its successors, legal representatives and assigns, the entire right, title and interest in and to the above-mentioned inventions, application for Letters Patent, and any and all Letters Patent or Patents in the United States of America and all foreign countries which may be granted therefor and thereon, and in and to any and all divisions, continuations and continuations-in-part of said application, or reissues or extensions of said Letters Patent or Patents, and all rights under the International Convention for the Protection of Industrial Property, the same to be held and enjoyed by said assignee, for its own use and the use of its successors, legal representatives and assigns, to the full end of the term or terms for which Letters Patent or Patents may be granted, as fully and entirely as the same would have been held and enjoyed by the assignors, had this sale and assignment not been made.

AND for the same consideration, said assignors hereby covenant and agree to and with said assignee its successors, legal representatives and assigns, that, at the time of execution and delivery of these presents, said assignors are the sole and lawful owners of the entire right, title and interest in and to said inventions and the application for Letters Patent above-mentioned, and that the same are unencumbered and that said assignors have good and full right and lawful authority to sell and convey the same in the manner herein set forth.

AND for the same consideration, said assignors hereby covenant and agree to and with said assignee, its successors, legal representatives and assigns, that said assignors will, whenever counsel of said assignee, or the counsel f its successors, legal representatives and assigns, shall advise that any proceeding in connection with said inventions, or said application for Letters Patent, or any proceeding in connection with Letters Patent for said inventions in any country, including interference proceedings, is lawful and desirable, or that any division, continuation or continuation-inpart of any application for Letters Patent or any reissue or extension of any Letters Patent, to be obtained thereon, is lawful and desirable, sign all papers and documents, take all lawful oaths, and do all acts necessary or required to be done for the procurement, maintenance, enforcement and defense of Letters Patent for said inventions, without charge to said assignee, its successors, legal representatives and assigns, but at the cost and expense of said assignee, its successors, legal representatives and assigns.

Attorney Docket No.: 346392001500

(Signature) Date 2/5/02 Name: Guy Michael MILLER
STATE OF ) ss.
COUNTY OF )
BEFORE ME, the undersigned authority, on this day of, 2002, personally appeared Guy Michael MILLER known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.  See Attacher
[seal] Notary Public My Commission Expires:
(Signature) Date 2-15-03
Name: Lesley A. BROWN
STATE OF )
COUNTY OF )
BEFORE ME, the undersigned authority, on this day of, 2002, personally appeared Lesley A. BROWN known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.
he executed the same of his own free will for the purposes and consideration therein expressed.  Please See attached Certificate  Notary Public
[seal] Notary Public My Commission Expires:
(Signature) Date 2-15-02
Name: Ugietta DEL BALZO
STATE OF )
COUNTY OF )
BEFORE ME, the undersigned authority, on this day of, 2002, personally appeared Ughetta DEL BALZO known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.
puasi See attached certiticate
Notary Public  My Commission Expires:

AND said assignors hereby request the Commissioner of Patents to issue said Letters Patent of the United States to said assignee as the assignee of said inventions and the Letters Patent to be issued thereon for the sole use f said

assignee, its successors, legal representatives and assigns.

Date (Signature) Name: Stephen FL STATE OF ) ss. **COUNTY OF** BEFORE ME, the undersigned authority, on this \_\_ day of \_\_ \_\_\_\_\_, 2002, personally appeared Stephen FLAIM known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed. please see attached certificate **Notary Public** My Commission Expires: [seal] (Signature) Name: Sekhai STATE OF **COUNTY OF** BEFORE ME, the undersigned authority, on this \_\_\_day of \_\_\_\_\_, 2002, personally appeared Sekhar BODDUPALLI known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed. please see attached certificate **Notary Public** My Commission Expires: [seal] STATE OF **COUNTY OF** BEFORE ME, the undersigned authority, on this \_\_\_\_ day of \_\_\_\_\_\_, 2002, personally appeared Bing WANG known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed. **Notary Public** My Commission Expires: attached certificate

Attorney Docket No.: 346392001500



### PURPOSE ACKNOWLEDGMENT

IFORNIA ALL-PURPOSE ACK	<u>varanarararanaranarararanararararararara</u>
State of California	<b>)</b> ·
540+ 1100	ss.
County of Santaclara	
on February 15, 2002, before me, To	Name and Title of Officer (e.g., "Jane Doe, Notary Public")  Name(s) of Signer(s)
personally appeared <u>CIUU MU</u>	Name(s) of Signer(s)
TAMMY L. LARSON Commission # 1294593	□ personally known to me ☑ proved to me on the basis of satisfactor evidence
Natary Public - California & Santa Clara County My Comm. Expires Feb 19, 2005	to be the person(e) whose name(s) is/arc subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(e), on the entity upon behalf of which the person(s) acted, executed the instrument.
Place Notary Seal Above	WITNESS my hand and official seal.  Signature of Notary Public
	PTIONAL
Though the information below is not required by is	aw, it may prove valuable to persons relying on the document and reattachment of this form to another document.
	ind realizationent of this form to thousand document.
Description of Attached Document	
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	RIGHT THUMBPRIN
Signer's Name:	OF SIGNER
☐ Corporate Officer — Title(s):	Top of thumb here
☐ Partner — ☐ Limited ☐ General	
☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact	
☐ Partner — ☐ Limited ☐ General	



### RNIA ALL-PURPOSE ACKN WL

IF RNIA ALL-PURPOSE ACK	N WLEDGMENT
State of California	1
county of Santa Clara	ss.
County of Carria Curra	J
on February 15, 2007, before me, Toposonally appeared LISLLY and	Name and Title of Officer (e.g., "Jane Doe, Notary Public")  Name(s) of Signer(s)
	personally known to me proved to me on the basis of satisfactor evidence
TAMMY L. LARSON Commission # 1294593 Notary Public - California Santa Clara County My Comm. Expires Feb 19, 2005	to be the person(s) whose name(s) is/arc subscribed to the within instrument and acknowledged to me that he/she/they executed the same in hie/her/their authorized capacity(ies), and that by hie/her/their signature(s) on the instrument the person(s), of the entity upon behalf of which the person(s) acted, executed the instrument.
	WITNESS my hand and official seal.  Signature of Notary Public
Place Notary Seal Above	Signature of Notary Public
•	PTIONAL
Though the information below is not required by la and could prevent fraudulent removal a	PTIONAL  www, it may prove valuable to persons relying on the document and reattachment of this form to another document.
Though the information below is not required by la and could prevent fraudulent removal as Description of Attached Document	w. it may prove valuable to persons relying on the document
Though the information below is not required by la and could prevent fraudulent removal as Description of Attached Document Title or Type of Document:	w, it may prove valuable to persons relying on the document nd reattachment of this form to another document.
Though the information below is not required by la and could prevent fraudulent removal as Description of Attached Document Title or Type of Document:	w, it may prove valuable to persons relying on the document nd reattachment of this form to another document.
Though the information below is not required by la and could prevent fraudulent removal at Description of Attached Document Title or Type of Document:  Document Date:	w, it may prove valuable to persons relying on the document nd reattachment of this form to another document.
Though the information below is not required by la and could prevent fraudulent removal at Description of Attached Document  Title or Type of Document:  Document Date:  Signer(s) Other Than Named Above:	w, it may prove valuable to persons relying on the document and reattachment of this form to another document.  Number of Pages:
Though the information below is not required by la and could prevent fraudulent removal at Description of Attached Document Title or Type of Document:  Document Date:  Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer	nw, it may prove valuable to persons relying on the document and reattachment of this form to another document.  Number of Pages:  RIGHT THUMBPRIN
Though the information below is not required by la and could prevent fraudulent removal at Description of Attached Document Title or Type of Document:  Document Date:  Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer Signer's Name:	w, it may prove valuable to persons relying on the document and reattachment of this form to another document.  Number of Pages:  RIGHT THUMBPRIN OF SIGNER
Though the information below is not required by la and could prevent fraudulent removal at the county of the count	Number of Pages:  RIGHT THUMBPRIN OF SIGNER Top of thumb here
Though the information below is not required by la and could prevent fraudulent removal at the could prevent fraudulent	Number of Pages:  RIGHT THUMBPRIN OF SIGNER Top of thumb here
Though the information below is not required by la and could prevent fraudulent removal at the could prevent fraudulent	Number of Pages:  RIGHT THUMBPRIN OF SIGNER Top of thumb here
Though the information below is not required by la and could prevent fraudulent removal at the could prevent fraudulent fraudu	Number of Pages:  RIGHT THUMBPRIN OF SIGNER Top of thumb here
Though the information below is not required by la and could prevent fraudulent removal at the could prevent fraudulent	Number of Pages:  RIGHT THUMBPRIN OF SIGNER Top of thumb here





## RNIA ALL-PURPOSE ACKN WLEDGM

<u> </u>	<u> </u>
State of California	)
County of Santaclara	<b>\  \  \  \  \  \</b>
on February 15, 2002 before me,	Name and Title of Officer (e.g., "Jane Doe, Notary Public")  1 Bal 26  Name(s) of Signer(s)
Date 11 abotto de	Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared wyrkuw we	Name(s) of Signer(s)
\.	□ personally known to me □ proved to me on the basis of satisfactor evidence
TAMMY L. LARSON Commission # 1294593 Notary Public - California & Santa Clara County My Comm. Expires Feb 19, 2005	to be the person(s) whose name(s) is/arc subscribed to the within instrument and acknowledged to me that he/she/they-executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), of the entity upon behalf of which the person(s) acted, executed the instrument.
	WITNESS my hand and official seal.
	Samuel Larson
Place Notary Seal Above	gignature of Notary Public
	PTIONAL —————
Though the information below is not required by la and could prevent fraudulent removal a	aw, it may prove valuable to persons relying on the document and reattachment of this form to another document.
Description of Attached Document	
Title or Type of Document:	
	N. of an of Dancer
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	
Signer's Name:	RIGHT THUMBPRIN OF SIGNER
☐ Individual	Top of thumb here
☐ Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General	
☐ Attorney in Fact	
☐ Trustee	
☐ Guardian or Conservator	



## RNIA ALL-PURPOSE ACKNOWLEDGE

State of California  County of Santa Clava	
County of WITH CHUY	<b>ss</b> . ·
on February 15, 2007 before me, Id	mmy L-Larson, Notary Put
personally appeared OHPhen Fra	denck Flaim Name(s) of Signer(s)
	□ personally known to me ☑ proved to me on the basis of satisfacto evidence
TAMMY L. LARSON Commission # 1294593 Natary Public - California \$ Santa Clara County My Comm. Expires Feb 19, 2005	MMY L-LAYSIN, NOTOYY Public Marke and Title of Officer (e.g., "Jane Doe, Notary Public")  Merick Flaim  Name(s) of Signer(s)  personally known to me proved to me on the basis of satisfactor evidence  to be the person(s) whose name(s) is/a subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(e) on the instrument the person(s), the entity upon behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.  WITNESS my hand and official seal.  Signature of Notary Public  PTIONAL  We it may prove valuable to persons relying on the document of reattachment of this form to another document.
Place Notary Seal Above	WITNESS my hand and official seal.  Samuel Louise  Gignature of Notary Public
Though the information below is not required by law	PTIONAL
Though the information below is not required by law and could prevent fraudulent removal and Description of Attached Document Title or Type of Document:	PTIONAL  w, it may prove valuable to persons relying on the document of reattachment of this form to another document.
Document Date:	PTIONAL  w, it may prove valuable to persons relying on the document of reattachment of this form to another document.  Number of Pages:
Document Date:	Number of Pages:
Document Date: Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer Signer's Name:  Individual	Number of Pages:  RIGHT THUMBPRIT OF SIGNER Top of thumb here
Document Date: Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer Signer's Name:  Individual  Corporate Officer — Title(s):	Number of Pages:  RIGHT THUMBPRIT OF SIGNER Top of thumb here
Document Date: Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer Signer's Name:  Individual	Number of Pages:  RIGHT THUMBPRI OF SIGNER Top of thumb her



## CALIFORNIA ALL-PURPOSE ACKN WLEDGI

<u>৽ਫ਼৽ਫ਼৽ਫ਼৽ਫ਼৽ਫ਼৽ਫ਼৽ਫ਼৽ਫ਼৽ਫ਼৽ਫ਼৽ਫ਼৽ਫ਼৽</u>	<u>෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬෦෬</u>
State of California	1
County of Santa Clara	ss.
	J
on February 15. 7002, before me, I	AMMY L. LABON, NOTORY PULL Namerand Title of Officer (e.g., "Jane Doe, Notary Public")  Bodyalli  Nome(s) of Signer(s)
personally appeared Sekhar S	s Boddupalii
	Hame(s) or organization
	<ul> <li>personally known to me</li> <li>proved to me on the basis of satisfactor evidence</li> </ul>
TAMMY L. LARSON Commission # 1294593 Notary Public - California Santa Clara County My Comm Expires Feb 19, 2005	to be the person(s) whose name(s) is/ensubscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), of the entity upon behalf of which the person(s) acted, executed the instrument.
Ptace Notary Seal Above	WITNESS my hand and official seal.  Signature of Notary Public
OF	PTIONAL
Though the information below is not required by la and could prevent fraudulent removal ar	w, it may prove valuable to persons relying on the document nd reattachment of this form to another document.
Description of Attached Document	•
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	
Signer's Name:	RIGHT THUMBPRIN OF SIGNER
□ Individual	Top of thumb here
☐ Corporate Officer — Title(s):	
□ Partner — □ Limited □ General	
☐ Attorney in Fact	
<ul><li>☐ Attorney in Fact</li><li>☐ Trustee</li></ul>	4 1 1 1 1 1
☐ Attorney in Fact	



# CALIF RNIA ALL-PURP SE ACKN WLEDGMENT

\$5\5\5\5\5\5\0\0\0\0\0\0\0\0\0\0\0\0\0\0	
State of California	<b>)</b>
County of Santa Clara	ss.
County of Salla Cubic	J
Thouse in Web	Tammy L. Larson, Notary Public')  Same(s) of Signer(s)
Onte DI Wai y 15 80, before me, _	Name and Title of Officer (e.g. " Jane Doe Notary Public")
Bing WAN	Name and time of Officer (e.g., Sales 200, Notally 1 2010)
personally appeared 10017	Name(s) of Signer(s)
	personally known to me
	proved to me on the basis of satisfactory
TAMMY L. LARSON	evidence
Commission # 1294593	
Notary Public - California	to be the person(s) whose name(s) is/are
Santa Clara County My Comm. Expires Feb 19, 2005	subscribed to the within instrument and
My Commission (17,205)	acknowledged to me that he/she/they executed
	the same in his <del>/her/their</del> authorized
	capacity( <del>ies)</del> , and that by his/ <del>her/thel</del>
	signature(e) on the instrument the person(e), o
	the entity upon behalf of which the person(s
	acted, executed the instrument.
	WITNESS my hand and official seal.
	<b>A</b> .
	Damby L. Lar 8ch
Place Notary Seal Above	Manature of Notary Public
	PTIONAL
9	aw, it may prove valuable to persons relying on the document
and could prevent fraudulent removal a	and reattachment of this form to another document.
<b>Description of Attached Document</b>	
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	4 7 <u>. = = - 1</u>
Signer's Name:	RIGHT THUMBPRINT OF SIGNER
☐ Individual	Top of thumb here
☐ Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General	
☐ Attorney in Fact	
	1
☐ Trustee ☐ Guardian or Conservator	